

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 15 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 01 2012 To: M M / D D / Y Y Y Y Y Y  
05 31 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">3059823.23</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">3503630.12</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">160381.63</span>	<span style="border: 1px solid black; padding: 2px;">880309.23</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">3664011.75</span>	<span style="border: 1px solid black; padding: 2px;">3940132.46</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">72255.51</span>	<span style="border: 1px solid black; padding: 2px;">348376.22</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">3591756.24</span>	<span style="border: 1px solid black; padding: 2px;">3591756.24</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 01 2012

To:

M M / D D / Y Y Y Y Y  
05 31 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

64497.83

287300.42

(ii) Unitemized .....

39630.33

98372.05

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

104128.16

385672.47

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

104128.16

390672.47

## 12. Transfers From Affiliated/Other

Party Committees.....

55950.00

486765.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

303.47

1371.76

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

160381.63

880309.23

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

160381.63

880309.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	255.51	2476.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	255.51	2476.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	345900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	72255.51	348376.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72255.51	348376.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	104128.16	390672.47
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	104128.16	390672.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	255.51	2476.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	255.51	2476.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Rick D. Wallace**

Mailing Address 801 West Maple Street

City

Farmington

State

NM

Zip Code

87401-5630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Juan Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2012

**Transaction ID : 19890886**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. John B Chessare**

Mailing Address 5601 Waycrest Lane

City

Baltimore

State

MD

Zip Code

21210-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

05 / 01 / 2012

**Transaction ID : 19891108**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas C Dowdell**

Mailing Address 1026 Cherrywood Avenue

City

Cumberland

State

MD

Zip Code

21502-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Maryland Health System

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

05 / 01 / 2012

**Transaction ID : 19891115**

Amount of Each Receipt this Period

340.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Eric L Melchior**

Mailing Address 19702 Cameron Mill Road

City State Zip Code  
Parkton MD 21120-8909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Baltimore Medical Center

Occupation  
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY  
05 / 01 / 2012

**Transaction ID : 19891166**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Mr. Peter W Monge**

Mailing Address 4220 Great Oak Road

City State Zip Code  
Rockville MD 20853-1855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medstar Montgomery General Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY  
05 / 01 / 2012

**Transaction ID : 19891170**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bradley Beard**

Mailing Address 6401 France Avenue South

City State Zip Code  
Edina MN 55435-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Southdale Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : 19891358**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

760.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert E Garrison**

Mailing Address 206 Walnut Street

City

Doniphan

State

MO

Zip Code

63935-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ripley County Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 02 / 2012

**Transaction ID : 19891363**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tom Clark**

Mailing Address 806 N Foster

City

Mitchell

State

SD

Zip Code

57301-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Queen of Peace Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2012

**Transaction ID : 19891549**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Pamela J Rezac**

Mailing Address 501 Summit Avenue

City

Yankton

State

SD

Zip Code

57078-3855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Sacred Heart Hospital

Occupation

Regional President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2012

**Transaction ID : 19891550**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fredrick K Slunecka**

Mailing Address 3900 West Avera Drive, Suite 301

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2012

**Transaction ID : 19891551**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Vickie L Diamond**

Mailing Address 1233 East Second Street

City

Casper

State

WY

Zip Code

82601-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wyoming Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 03 / 2012

**Transaction ID : 19891556**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel J Perdue**

Mailing Address 2005 Warren Avenue

City

Cheyenne

State

WY

Zip Code

82001-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wyoming Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2012

**Transaction ID : 19891558**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy Howell Agee**

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 04 / 2012

**Transaction ID : 19891979**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Kitchell**

Mailing Address 4114 Edgewater Drive

City

Ames

State

IA

Zip Code

50010-4192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Greeley Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 14 / 2012

**Transaction ID : 19905766**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Herb B Kuhn**

Mailing Address 5310 Saddlebrooke Lane

City

Lohman

State

MO

Zip Code

65053-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2012

**Transaction ID : 19906873**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael E Henze**

Mailing Address 54 Hospital Drive

City

Osage Beach

State

MO

Zip Code

65065-3050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Regional Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 09 / 2012

**Transaction ID : 19906890**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Ms. Gail Lovinger**

Mailing Address 2225 Simpson

City

Evanston

State

IL

Zip Code

60201-3006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President Association Governance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 07 / 2012

**Transaction ID : 19906891**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Tucker J. Bonner FACHE**

Mailing Address P.O. Box 679010

City

Austin

State

TX

Zip Code

78767-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2012

**Transaction ID : 19906892**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 OF 86  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Ron J. Anderson M.D., MACP**

Mailing Address 5201 Harry Hines Boulevard

City State Zip Code  
 Dallas TX 75235-7708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Parkland Health & Hospital System

Occupation  
 Senior Advisor to CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2012

**Transaction ID : 19906900**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark J Neff**

Mailing Address 222 Medical Circle

City State Zip Code  
 Morehead KY 40351-1179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 St. Claire Regional Medical Center

Occupation  
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2012

**Transaction ID : 19906935**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Christopher Davis**

Mailing Address 1521 West Ave

City State Zip Code  
 Richmond VA 23220-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Virginia Hospital & Healthcare Associa

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 11 / 2012

**Transaction ID : 19906950**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Donna Hahn RN, MSN**

Mailing Address 2010 Health Campus Drive

City State Zip Code  
Harrisonburg VA 22801-8679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockingham Memorial Hospital

Occupation

Chief Nursing Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : 19906951**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sandra J. Miller**

Mailing Address 379 Dorwin Drive

City State Zip Code  
Norfolk VA 23502-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Director, Gov't Relations and Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : 19906952**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Patrick B Nolan**

Mailing Address 1000 North Shenandoah Avenue

City State Zip Code  
Front Royal VA 22630-3547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : 19906953**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chris J. Mitchell**

Mailing Address 1262 Lake Side Drive

City

East Lansing

State

MI

Zip Code

48823-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Manager, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 11 / 2012

**Transaction ID : 19907055**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Edward Bruff**

Mailing Address 1447 North Harrison Street

City

Saginaw

State

MI

Zip Code

48602-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

05 / 14 / 2012

**Transaction ID : 19907103**

Amount of Each Receipt this Period

315.00

Full Name (Last, First, Middle Initial)

**C. Dr. Reeze DeVet**

Mailing Address 281 Rolling Hills Lane

City

Petoskey

State

MI

Zip Code

49770-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern Michigan Regional Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 14 / 2012

**Transaction ID : 19907113**

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

927.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Reginald J Eadie**

Mailing Address 6940 Kennesaw Road

City State Zip Code  
Canton MI 48187-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sinai-Grace Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.40

Date of Receipt

MM / DD / YYYY  
05 / 14 / 2012

**Transaction ID : 19907118**

Amount of Each Receipt this Period

309.40

Full Name (Last, First, Middle Initial)

**B. Mr. James B Falahee Jr**

Mailing Address 7463 Cottage Oak Drive

City State Zip Code  
Portage MI 49024-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronson Healthcare Group, Inc.

Occupation

Senior Vice President Legal and Legislat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

MM / DD / YYYY  
05 / 14 / 2012

**Transaction ID : 19907120**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**c. Mr. Daniel M. George**

Mailing Address 672 Morningside Drive

City State Zip Code  
Grand Blanc MI 48439-2312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

Vice President, Ambulatory Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY  
05 / 14 / 2012

**Transaction ID : 19907125**

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

816.90

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark E Gronda**

Mailing Address 1447 North Harrison Street

City

Saginaw

State

MI

Zip Code

48602-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

05 / 14 / 2012

Transaction ID : 19907127

Amount of Each Receipt this Period

315.00

Full Name (Last, First, Middle Initial)

**B. Mr. Lakshmi Halasyamani**

Mailing Address 5301 McAuley Drive

City

Ypsilanti

State

MI

Zip Code

48197-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph Mercy Hospital

Occupation

Associate Chair, Dept. Internal Medici

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 14 / 2012

Transaction ID : 19907128

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Dr. John Kosanovich MD**

Mailing Address 25 E. Hannum Blvd.

City

Saginaw

State

MI

Zip Code

48602-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 14 / 2012

Transaction ID : 19907151

Amount of Each Receipt this Period

280.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

945.00



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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara Medvec**

Mailing Address 5686 Briar Glen

City  
SalineState  
MIZip Code  
48176-9537FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oakwood Healthcare, Inc.

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2012

Transaction ID : 19907173

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph Ruth**

Mailing Address 6480 Kernwood

City

East Lansing

State

MI

Zip Code

48823-9432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sparrow Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2012

Transaction ID : 19907176

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Ms. Carol Stoll**

Mailing Address 7630 Laurie Lane N.

City

Saginaw

State

MI

Zip Code

48609-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

Vice President, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2012

Transaction ID : 19907177

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)..... ►

770.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Douglas D Welday**

Mailing Address One Parklane Boulevard, Suite 1000

City Dearborn State MI Zip Code 48126-4241

FEC ID number of contributing federal political committee.

C

Name of Employer

Oakwood Hospital & Medical Center-Dear

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 14 / 2012

Transaction ID : 19907182

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. Tim Wenzel**

Mailing Address 555 Northview Drive

City Frankenmuth State MI Zip Code 48734-9304

FEC ID number of contributing federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

05 / 14 / 2012

Transaction ID : 19907183

Amount of Each Receipt this Period

245.00

Full Name (Last, First, Middle Initial)

**C. Mr. Matthew J. Angela**

Mailing Address 1151 East Warrenville Rd.

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2012

Transaction ID : 19907276

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

757.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony A Armada**

Mailing Address 1775 Dempster Street

City State Zip Code  
 Park Ridge IL 60068-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Advocate Lutheran General Hospital

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 05 / 09 / 2012

**Transaction ID : 19907277**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Anna N Evans**

Mailing Address 701 North First Street

City State Zip Code  
 Springfield IL 62781-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Memorial Health System

Occupation  
 General Counsel and Vice President Int

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 05 / 09 / 2012

**Transaction ID : 19907279**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kelly Jo Golson**

Mailing Address 406 Alberosky Way

City State Zip Code  
 Batavia IL 60510-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Advocate Health Care

Occupation  
 Senior Vice President Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 05 / 09 / 2012

**Transaction ID : 19907280**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark L Goldstein**

Mailing Address 25 Highland Avenue

City

Newburyport

State

MA

Zip Code

01950-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anna Jaques Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

Transaction ID : 19935544

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Charles Gijanto**

Mailing Address 164 High Street

City

Greenfield

State

MA

Zip Code

01301-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Franklin Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 04 / 2012

Transaction ID : 19935554

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

**C. Mr. Matthew Woods**

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Executive Vice President Finance and A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 04 / 2012

Transaction ID : 19935568

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1187.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Fernandez**

Mailing Address 5 Otis Street

City

Needham

State

MA

Zip Code

02492-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 04 / 2012

**Transaction ID : 19935569**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. David E Storto**

Mailing Address 125 Nashua Street

City

Boston

State

MA

Zip Code

02114-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spaulding Rehabilitation Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 04 / 2012

**Transaction ID : 19935570**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Ms. Patricia Hannon**

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Health, Inc.

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 04 / 2012

**Transaction ID : 19935573**

Amount of Each Receipt this Period

562.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2062.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Edward H Moore**

Mailing Address 100 South Street

City

Southbridge

State

MA

Zip Code

01550-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrington Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 04 / 2012

**Transaction ID : 19935574**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. John M Fogarty**

Mailing Address 41 Alfred Drowne Rd

City

Barrington

State

RI

Zip Code

02806-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beth Israel Deaconess Hospital-Needham

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 04 / 2012

**Transaction ID : 19935575**

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

**C. Ms. Judith C Waterston**

Mailing Address 150 York Street

City

Stoughton

State

MA

Zip Code

02072-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Sinai Hospital and Rehabil

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 11 / 2012

**Transaction ID : 19935582**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1687.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert G Norton**

Mailing Address 81 Highland Avenue

City  
Salem

State  
MA

Zip Code  
01970-2768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 11 / 2012

Transaction ID : 19935586

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

**B. Mr. Eric J Beyer**

Mailing Address 641 Salem End Road

City

Framingham

State

MA

Zip Code

01702-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 19935587

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Timothy F. Gens**

Mailing Address 5 New England Executive Park

City

Burlington

State

MA

Zip Code

01803-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

05 / 11 / 2012

Transaction ID : 19935588

Amount of Each Receipt this Period

1300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2612.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. R David Richer**

Mailing Address 189 May Street

City

Worcester

State

MA

Zip Code

01602-4339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairlawn Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 11 / 2012

**Transaction ID : 19935589**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Frederic Clifford**

Mailing Address 33 Water Street

City

Duxbury

State

MA

Zip Code

02332-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jordan Hospital

Occupation

Trustee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19935591**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**c. Ms. Jeanette G Clough**

Mailing Address 330 Mount Auburn Street

City

Cambridge

State

MA

Zip Code

02138-5502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Auburn Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19935592**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1637.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joseph Iannoni**

Mailing Address 275 Sandwich Street

City

Plymouth

State

MA

Zip Code

02360-2183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jordan Hospital

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 18 / 2012

Transaction ID : 19935593

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Ms. Delia O'Connor**

Mailing Address 25 Highland Avenue

City

Newburyport

State

MA

Zip Code

01950-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anna Jaques Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 18 / 2012

Transaction ID : 19935595

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Ms. Constance A Howes**

Mailing Address 101 Dudley Street

City

Providence

State

RI

Zip Code

02905-2499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Women & Infants Hospital of Rhode Isla

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 29 / 2012

Transaction ID : 19935601

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1362.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William Robertson**

Mailing Address 11 Coventry Lane

City

Andover

State

MA

Zip Code

01810-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

V.P., Facilities & Real Estate Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19935602**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joel Rudin**

Mailing Address 3 Webster Street

City

Winchester

State

MA

Zip Code

01890-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19935603**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kate Walsh**

Mailing Address One Boston Medical Ctr Place

City

Boston

State

MA

Zip Code

02118-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19935604**

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Randy Doherty**

Mailing Address 250 Pond Street

City

Braintree

State

MA

Zip Code

02184-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Braintree Rehabilitation Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19935606**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

## **B. Mr. Michael V Sack**

Mailing Address 585 Lebanon Street

City

Melrose

State

MA

Zip Code

02176-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hallmark Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19935607**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Ron Bryant**

Mailing Address 115 West Silver Street

City

Westfield

State

MA

Zip Code

01085-3628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Noble Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19935609**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1762.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Elaine L. Bridge RN, BSN, M**

Mailing Address 279 Willow Gate Rise

City

Holliston

State

MA

Zip Code

01746-2441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton-Wellesley Hospital

Occupation

Sr. VP, Patient Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19935618**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. Peter W Siersma**

Mailing Address P.O. Box 765

City

Williamsburg

State

MA

Zip Code

01096-0765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cooley Dickinson Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19935619**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Mary K. Moscato**

Mailing Address 22 Andrews Road

City

Wakefield

State

MA

Zip Code

01880-5135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hebrew Rehabilitation Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19935620**

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Kevin Tabb M.D.**

Mailing Address 330 Brookline Avenue

City State Zip Code  
Boston MA 02215-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beth Israel Deaconess Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 19935622**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Ms. Denise Schepici**

Mailing Address 800 Washington Street, #7047

City State Zip Code  
Boston MA 02111-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

Senior VP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 19935624**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
New Hope PA 18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1621.87

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 18 / 2012

**Transaction ID : 19937072**

Amount of Each Receipt this Period

30.62

**SUBTOTAL** of Receipts This Page (optional)..... ►

1155.62

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary S Horan**

Mailing Address 1206 Hemlock Avenue

City

State

Zip Code

Sea Girt

NJ

08750-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinitas Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 18 / 2012

**Transaction ID : 19937073**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark M Gordon**

Mailing Address 13700 St Francis Boulevard

City

State

Zip Code

Midlothian

VA

23114-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 23 / 2012

**Transaction ID : 19937075**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. James E Haden**

Mailing Address 459 Locust Avenue

City

State

Zip Code

Charlottesville

VA

22902-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 23 / 2012

**Transaction ID : 19937076**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms Susan Mains**

Mailing Address 4905 Moriah Way

City

Keswick

State

VA

Zip Code

22947-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Vice President Human Resources

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 23 / 2012

Transaction ID : 19937077

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Katharine M. Webb**

Mailing Address 14 Bridgeway Road

City

Richmond

State

VA

Zip Code

23226-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Senior Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 23 / 2012

Transaction ID : 19937079

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Joseph M Letnaunchyn**

Mailing Address 225 Ariel Heights

City

Charleston

State

WV

Zip Code

25311-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia Hospital Association

Occupation

President & CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : 19937081

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Glenn Kunkel**

Mailing Address 10820 Greenlefe Drive

City State Zip Code  
 Rolla MO 65401-7403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phelps County Regional Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 18 2012

**Transaction ID : 19937088**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Sackett**

Mailing Address 100 Health Park Drive

City State Zip Code  
 Louisville CO 80027-9583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avista Adventist Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 21 2012

**Transaction ID : 19937094**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mitchell C Carson**

Mailing Address P O Box 1659

City State Zip Code  
 Longmont CO 80502-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Longmont United Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 21 2012

**Transaction ID : 19937095**

Amount of Each Receipt this Period

500.00

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**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City State Zip Code  
Concord NH 03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital Association

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.05

Date of Receipt

05 / 21 / 2012

**Transaction ID : 19937104**

Amount of Each Receipt this Period

45.45

Full Name (Last, First, Middle Initial)

**B. Mr. Robert W Kay**

Mailing Address 701 North First Street

City State Zip Code  
Springfield IL 62781-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Health System

Occupation  
Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2012

**Transaction ID : 19937591**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Scott Kiriakos**

Mailing Address 701 North First Street

City State Zip Code  
Springfield IL 62781-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Health System

Occupation  
Vice President Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2012

**Transaction ID : 19937593**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

545.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Wayne M Lerner**

Mailing Address 2701 West 68th Street

City

Chicago

State

IL

Zip Code

60629-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Cross Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2012

**Transaction ID : 19937594**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Michael R Perry**

Mailing Address 1045 West Stephenson Street

City

Freeport

State

IL

Zip Code

61032-4864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FHN Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2012

**Transaction ID : 19937599**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jim H Skogsbergh**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2012

**Transaction ID : 19937600**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Harry Wolin**

Mailing Address P O Box 530

City State Zip Code  
Havana IL 62644-0530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mason District Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : 19937601**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Lex S Anderson**

Mailing Address 1923 South Utica Avenue

City State Zip Code  
Tulsa OK 74104-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marian Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : 19937605**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Page Bachman**

Mailing Address 1923 South Utica Avenue

City State Zip Code  
Tulsa OK 74104-6520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : 19937606**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 86  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Blackmon**

Mailing Address P O Box 129

City State Zip Code  
Lawton OK 73502-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comanche County Memorial Hospital

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : 19937608**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Sr M Therese Gottschalk**

Mailing Address P O Box 4753

City State Zip Code  
Tulsa OK 74159-0753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marian Health System

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : 19937611**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Chris Hammes**

Mailing Address 3300 NW Expressway

City State Zip Code  
Oklahoma City OK 73112-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integris Baptist Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : 19937620**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jim Igo**

Mailing Address 4401 South Western

City	State	Zip Code
Oklahoma City	OK	73109-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integrus Southwest Medical CenterOccupation  
Vice President Mental Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19937624**

Amount of Each Receipt this Period

100.50

Full Name (Last, First, Middle Initial)

**B. Mr. Randall K Segler**

Mailing Address P O Box 129

City	State	Zip Code
Lawton	OK	73502-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comanche County Memorial HospitalOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19937633**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey S Tarrant**

Mailing Address 401 South Third Street

City	State	Zip Code
Enid	OK	73701-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integrus Bass Baptist Health CenterOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19937635**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy Young**

Mailing Address 1923 South Utica Avenue

City	State	Zip Code
Tulsa	OK	74104-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John Medical CenterOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19937637**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kathryn G. Correia**

Mailing Address 559 Capitol Boulevard, 6-South

City	State	Zip Code
Saint Paul	MN	55103-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthEast Care SystemOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

**Transaction ID : 19938025**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Krinkie**Mailing Address 2550 University Avenue W.  
Suite 350-S

City	State	Zip Code
Saint Paul	MN	55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital AssociationOccupation  
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

**Transaction ID : 19938028**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas K Prusak**

Mailing Address 523 North Third Street

City

Brainerd

State

MN

Zip Code

56401-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	16	/	2012

**Transaction ID : 19938030**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Fredrick K Slunecka**

Mailing Address 3900 West Avera Drive, Suite 301

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	16	/	2012

**Transaction ID : 19938031**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Ms. Jani M Wiebolt**

Mailing Address 523 North Third Street

City

Brainerd

State

MN

Zip Code

56401-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	16	/	2012

**Transaction ID : 19938032**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

675.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Duke Anderson**

Mailing Address PO Box 53

City

Hillsdale

State

MI

Zip Code

49242-0053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hillsdale Community Health Center

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

05 / 15 / 2012

**Transaction ID : 19938034**

Amount of Each Receipt this Period

315.00

Full Name (Last, First, Middle Initial)

**B. Mr. J Patrick Dyson**

Mailing Address 1521 Gull Road

City

Kalamazoo

State

MI

Zip Code

49048-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Borgess Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 15 / 2012

**Transaction ID : 19938037**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas Ostrander**

Mailing Address 5433 Zimmer Road

City

Williamston

State

MI

Zip Code

48895-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sparrow Hospital

Occupation

Vice President of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 15 / 2012

**Transaction ID : 19938112**

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

840.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER:  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Paula Reichle**

Mailing Address 919 Hagadorn Road

City

Mason

State

MI

Zip Code

48854-9336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sparrow Hospital

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 15 / 2012

**Transaction ID : 19938114**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. Kenneth L Taft**

Mailing Address 301 John Street

City

Kalamazoo

State

MI

Zip Code

49007-5295

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronson Healthcare Group, Inc.

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 15 / 2012

**Transaction ID : 19938116**

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jason White**

Mailing Address 401 South Ballenger Highway

City

Flint

State

MI

Zip Code

48532-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McLaren Flint

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 15 / 2012

**Transaction ID : 19938118**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

892.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael B Robbins**

Mailing Address 4516 Doncaster Drive

City State Zip Code  
 Ellicott City MD 21043-6767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY  
 05 / 23 / 2012

**Transaction ID : 19938202**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**B. Mr. Barry P Ronan**

Mailing Address 15119 Trailridge Road

City State Zip Code  
 Cumberland MD 21502-5846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Maryland Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY  
 05 / 23 / 2012

**Transaction ID : 19938414**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**C. Mr. George L Heck III**

Mailing Address 1623 Club Drive

City State Zip Code  
 Douglas GA 31533-7929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coffee Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 05 / 21 / 2012

**Transaction ID : 19938495**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen C. Shepherd**

Mailing Address PO Box 1052

City

Statesboro

State

GA

Zip Code

30459-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Candler County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

**Transaction ID : 19939029**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Cytlak**

Mailing Address 2585 CR 236

City

Van Buren

State

OH

Zip Code

45889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blanchard Valley Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941318**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Todd Anderson**

Mailing Address 3965 Southern Boulevard

City

Dayton

State

OH

Zip Code

45429-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grandview Medical Center

Occupation

VP Finance/Operations & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941319**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Howard D Drenth**

Mailing Address 428 Wilson Drive

City

Xenia

State

OH

Zip Code

45385-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greene Memorial Hospital

Occupation

Vice President, Physician Svc.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	5		2	0	1	2		

Transaction ID : 19941320

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard Haas**

Mailing Address 405 Grand Avenue

City

Dayton

State

OH

Zip Code

45405-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grandview Medical Center

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	5		2	0	1	2		

Transaction ID : 19941321

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr Timothy Ko**

Mailing Address 265 Reed Rd

Apt. L

City

Dayton

State

OH

Zip Code

45440-4526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Vice President, Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	5		2	0	1	2		

Transaction ID : 19941322

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fred M Manchur**

Mailing Address 3965 Southern Boulevard

City State Zip Code  
Dayton OH 45429-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 19941323**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Clifton Patten**

Mailing Address 2381 Shelterwood Dr.

City State Zip Code  
Kettering OH 45409-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 19941324**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark T. Smith**

Mailing Address 1141 North Monroe Drive

City State Zip Code  
Xenia OH 45385-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sycamore Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 19941325**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lori Johnston**

Mailing Address 10410 River Rd.

City

Grand Rapids

State

OH

Zip Code

43522-9347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica St. Luke's Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941328**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel L Wakeman**

Mailing Address 5901 Monclova Road

City

Maumee

State

OH

Zip Code

43537-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica St. Luke's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941337**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Raymond M Chorey**

Mailing Address P O Box 610

City

Cambridge

State

OH

Zip Code

43725-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeastern Ohio Regional Medical Cen

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941338**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Patrick J Martin**

Mailing Address 272 Benedict Avenue

City

Norwalk

State

OH

Zip Code

44857-2374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fisher-Titus Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941365**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Amy Andres**

Mailing Address 6086 Flora Villa Dr.

City

Worthington

State

OH

Zip Code

43085-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941410**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Ms. Susan Croushore**

Mailing Address 2139 Auburn Avenue

City

Cincinnati

State

OH

Zip Code

45219-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christ Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941433**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Janice Murphy**

Mailing Address 25365 Plainview Court

City State Zip Code  
Columbia Station OH 44028-8914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairview Hospital

Occupation

Vice President, Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : 19941435**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher J. Durovich FACHE**

Mailing Address 1935 Medical District Drive

City State Zip Code  
Dallas TX 75235-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Medical Center of Dallas

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 06 / 2012

**Transaction ID : 19942294**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Randy Revelle**

Mailing Address 2809 39th Avenue West

City State Zip Code  
Seattle WA 98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Senior Vice President, Policy & Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

**Transaction ID : 19942295**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Kenneth A Becker**

Mailing Address 3805 West Chester Pike, Suite 100

City State Zip Code  
Newtown Square PA 19073-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic Health East

Occupation

Vice President Advocacy and Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

Transaction ID : 19942296

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Jaime Pla**

Mailing Address Villa Nevarez Professional Center,

City State Zip Code  
San Juan PR 927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Puerto Rico Hospital Association

Occupation

Interim Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 17 / 2012

Transaction ID : 19942297

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Matthew D Bailey**

Mailing Address 1111 N Ronald Reagan Parkway

City State Zip Code  
Avon IN 46123-7085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University Health West Hospita

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : 19942307

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Blake A Dye**

Mailing Address 2805 W. County Road 250 S.

City State Zip Code  
New Castle IN 47362-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Heart Center of Indiana

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : 19942319**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. R. Mark Ellison**

Mailing Address 3040 Reflection Ct.

City State Zip Code  
Greenwood IN 46143-6618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Indianapolis Hospital

Occupation  
Exec. Director of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : 19942320**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Timothy A Flesch**

Mailing Address 7355 Parkridge Drive

City State Zip Code  
Newburgh IN 47630-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Medical Center of Evansville

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : 19942322**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert McLin**

Mailing Address 5506 N. Water Tower Road

City

Bruceville

State

IN

Zip Code

47516-6035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

President/CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2012

**Transaction ID : 19942340**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Joseph Nordwick**

Mailing Address 1033 Lake Shore Drive

City

Decatur

State

IN

Zip Code

46733-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adams Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2012

**Transaction ID : 19942348**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Ms. Kathy Peoples**

Mailing Address 5333 Elderberry Road

City

Noblesville

State

IN

Zip Code

46062-9317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph Hospital & Health Center, I

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2012

**Transaction ID : 19942349**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Raymond W Snowden**

Mailing Address 1920 Hillbrook Drive

City

Jasper

State

IN

Zip Code

47546-8455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital and Health Care Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2012

Transaction ID : 19942359

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul L Usher**

Mailing Address 637 Laura Lane  
PO Box 97

City

Sweetser

State

IN

Zip Code

46987-0097

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marion General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : 19942365

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. David H. Wiesman**

Mailing Address 4521 Hickory Grove Blvd.

City

Greenwood

State

IN

Zip Code

46143-7448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : 19942367

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John J. Dawidowski**

Mailing Address 17 Brookshire Drive

City

Robbinsville

State

NJ

Zip Code

08691-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President & General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1162.50

Date of Receipt

05 / 11 / 2012

Transaction ID : 19942375

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**B. Mr. Neil Eicher**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

787.50

Date of Receipt

05 / 11 / 2012

Transaction ID : 19942379

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1591.25

Date of Receipt

05 / 11 / 2012

Transaction ID : 19942380

Amount of Each Receipt this Period

7.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

22.50

**TOTAL** This Period (last page this line number only)..... ►

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Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William D. Kennedy**

Mailing Address 1549 North Valley Road

City State Zip Code  
 Malvern PA 19355-9796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

MM / DD / YYYY  
 05 / 11 / 2012

**Transaction ID : 19942381**

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**B. Mr. Randall J. Minniear**

Mailing Address 3901 Worthington Court

City State Zip Code  
 Freehold NJ 07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

MM / DD / YYYY  
 05 / 11 / 2012

**Transaction ID : 19942386**

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**C. Mr. John J. Dawidowski**

Mailing Address 17 Brookshire Drive

City State Zip Code  
 Robbinsville NJ 08691-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President & General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1181.25

Date of Receipt

MM / DD / YYYY  
 05 / 25 / 2012

**Transaction ID : 19942648**

Amount of Each Receipt this Period

18.75

**SUBTOTAL** of Receipts This Page (optional)..... ►

33.75

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Neil Eicher**

Mailing Address 760 Alexander Road

City  
PrincetonState  
NJZip Code  
08540-6305FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1537.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2012

**Transaction ID : 19942653**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Leslie D Hirsch**

Mailing Address 28 MacKenzie Lane North

City  
DenvilleState  
NJZip Code  
07834-2954FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2012

**Transaction ID : 19942655**

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City  
New HopeState  
PAZip Code  
18938-5760FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1629.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2012

**Transaction ID : 19942656**

Amount of Each Receipt this Period

7.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

765.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 86  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William D. Kennedy**

Mailing Address 1549 North Valley Road

City State Zip Code  
Malvern PA 19355-9796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1177.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 19942657**

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**B. Mr. Randall J. Minniear**

Mailing Address 3901 Worthington Court

City State Zip Code  
Freehold NJ 07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1552.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 19942661**

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**C. Ms. Victoria W. Bayless**

Mailing Address 1203 Marina View Drive

City State Zip Code  
Arnold MD 21012-1885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anne Arundel Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2012

**Transaction ID : 19942703**

Amount of Each Receipt this Period

340.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

355.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 86  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Carmela Coyle**

Mailing Address 6820 Deerpath Road

City State Zip Code  
 Elkridge MD 21075-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 16 / 2012

**Transaction ID : 19942711**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Steven Coyle**

Mailing Address 2902 South Lake Dr.

City State Zip Code  
 Davidsonville MD 21035-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NASA

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 16 / 2012

**Transaction ID : 19942712**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

## **C. Dr. Roger Leonard MD**

Mailing Address 11706 Split Tree Circle

City State Zip Code  
 Potomac MD 20854-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montgomery General Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 16 / 2012

**Transaction ID : 19942733**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 86

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ronald R Peterson**

Mailing Address 1403 Lytham Court

City  
Bel Air

State  
MD

Zip Code  
21015-5691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Health System

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

05 / 16 / 2012

**Transaction ID : 19942749**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Ms. Joanne E Pollak**

Mailing Address 1 E Highfield Road

City  
Baltimore

State  
MD

Zip Code  
21218-1137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Health System

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

05 / 16 / 2012

**Transaction ID : 19942751**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**c. Ms Stephanie L Reel**

Mailing Address 2515 Boston Street, #P4

City  
Baltimore

State  
MD

Zip Code  
21224-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

Vice President Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

05 / 16 / 2012

**Transaction ID : 19942755**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1020.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 86  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard W Petersen**

Mailing Address 120 Fickett Street

City

South Portland

State

ME

Zip Code

04106-6874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2012

**Transaction ID : 19970016**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jeffrey Lockhart**

Mailing Address 27 Raynes Neck Rd

City

York

State

ME

Zip Code

03909-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

York Hospital

Occupation

Director Surgery, Special Procedures

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2012

**Transaction ID : 19970017**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Melinda Reid Hatton**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR1045726226297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

576.94

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 60 OF 86  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Schulke**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR1057462126297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Stephanie H. Drake**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR1492459926297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lisa Grabert**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR1671258626297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr Robert P. David**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.23

Date of Receipt

05 / 31 / 2012

Transaction ID : PR1677512426297

Amount of Each Receipt this Period

38.47

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Erik Rasmussen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR1819487926297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Linda Fishman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR327629126297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.35

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	2		

**Transaction ID : PR327777826297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Pamela Austin Thompson RN, MSN**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE &amp; Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	2		

**Transaction ID : PR327812026297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Seklecki**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	2		

**Transaction ID : PR327858026297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John F. Barry**

Mailing Address One North Franklin

City State Zip Code  
 Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR327877826297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. George F. Bergstrom**

Mailing Address 130 North Garland Court  
 #3002

City State Zip Code  
 Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR327895726297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Richard J. Umbdenstock**

Mailing Address 325 Seventh Street, NW  
 Suite 700

City State Zip Code  
 Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Hospital Association-Washingt

Occupation  
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR328132826297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara Lorsbach**

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR328136926297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR328223826297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.72

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR328241426297**

Amount of Each Receipt this Period

83.92

P/R Deduction (\$41.96 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

237.80

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard J. Pollack**

Mailing Address 3475 North Venice Street

City State Zip Code  
Arlington VA 22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR328260926297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn Forcina**

Mailing Address 200 Clover Hill Court

City State Zip Code  
Yardley PA 19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR328511826297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City State Zip Code  
Arlington VA 22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR328512026297**

Amount of Each Receipt this Period

94.00

P/R Deduction (\$47.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

247.88

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony J. Burke**

Mailing Address One North Franklin Ave.

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President &amp; CEO, AHA Solutions, Inc. &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR328913326297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Dr. John R. Combes**

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President &amp; Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR329071326297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. W. Thomas Deweese**

Mailing Address 500 Interstate Boulevard South

City	State	Zip Code
Nashville	TN	37210-4634

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR329215726297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Misfeldt**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.72

Date of Receipt

05 / 31 / 2012

Transaction ID : PR330411626297

Amount of Each Receipt this Period

83.92

P/R Deduction (\$41.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR330475426297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR330549226297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

237.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR331304226297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Donald May**

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR331533226297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Elizabeth Summy**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR346168126297

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Megan Cundari**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR518031926297**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Ashley B. Thompson**

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR766023726297**

Amount of Each Receipt this Period

59.30

P/R Deduction (\$29.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.24

64497.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.00

Date of Receipt

**05 / 01 / 2012**

**Transaction ID : 19890869**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **B. California Healthcare Association PAC - Federal**

Mailing Address 1215 K Street  
Suite 800

City Sacramento State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140000.00

Date of Receipt

**05 / 02 / 2012**

**Transaction ID : 19891357**

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

## **C. Hospital and Healthsystem Assoc. of PA (F)**

Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

101750.00

Date of Receipt

**05 / 30 / 2012**

**Transaction ID : 19937107**

Amount of Each Receipt this Period

21750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

41950.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Texas Hospital Association HOSPAC - Federal**

Mailing Address P.O. Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing  
federal political committee.

C

C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2012

**Transaction ID : 19939040**

Amount of Each Receipt this Period

14000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

14000.00

55950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1371.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 31 2012

**Transaction ID : 19968152**

Amount of Each Receipt this Period

303.47

Interest Earned

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

303.47

303.47



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Ste. 001

City Chicago      State IL      Zip Code 60679

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2012
**Transaction ID : 19968149**

Amount of Each Disbursement this Period

67.44

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee      State WI      Zip Code 53203

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2012
**Transaction ID : 19968150**

Amount of Each Disbursement this Period

91.80

Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Paymentech**Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas      State TX      Zip Code 75254

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2012
**Transaction ID : 19968151**

Amount of Each Disbursement this Period

96.27

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

255.51

255.51

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mike Thompson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

**Transaction ID : 19891950**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**B. Engel For Congress**

Mailing Address 462 California Road

City	State	Zip Code
Bronxville	NY	10708

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Eliot L. Engel**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

**Transaction ID : 19891951**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Moran For Congress**Mailing Address 311 North Washington Street  
Suite 200I

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James P. Moran**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

**Transaction ID : 19891952**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
---------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ribble For Congress**

Mailing Address PO Box 7200

City	State	Zip Code
Appleton	WI	54912

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Reid J. Ribble**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

**Transaction ID : 19891953**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Luke Messer For Congress**

Mailing Address 345 W Broadway

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Luke Messer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

**Transaction ID : 19891954**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Bishop For Congress**

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Timothy Bishop**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

**Transaction ID : 19904843**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Graves For Congress**

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Samuel B. Graves Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

**Transaction ID : 19904844**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Marc Veasey Congressional Campaign Committee**

Mailing Address PO Box 50084

City	State	Zip Code
Fort Worth	TX	76105

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Marc Veasey**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

**Transaction ID : 19904846**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. People For Patty Murray**

Mailing Address PO Box 3662

City	State	Zip Code
Seattle	WA	98124

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Sen. Patty Murray**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

**Transaction ID : 19904847**

Amount of Each Disbursement this Period

2500.00
---------

2016 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Loeb sack For Congress**

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. David Wayne Loeb sack**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2012

**Transaction ID : 19904849**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Owens For Congress**

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Owens**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2012

**Transaction ID : 19904850**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. McNerney For Congress**

Mailing Address P.O. Box 690371

City	State	Zip Code
Stockton	CA	95269

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jerry McNerney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2012

**Transaction ID : 19904851**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Kathy Hochul For Congress**

Mailing Address PO Box 64

City	State	Zip Code
Buffalo	NY	14231

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kathleen C. Hochul**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NY	District: 27

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

**Transaction ID : 19904852**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kurt Schrader**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OR	District: 05

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

**Transaction ID : 19904853**

Amount of Each Disbursement this Period

3000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Larson For Congress**

Mailing Address PO Box 479

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John B. Larson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CT	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

**Transaction ID : 19930332**

Amount of Each Disbursement this Period

1500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Rodney Alexander For Congress Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Mailing Address 319 Nancy's Road

City	State	Zip Code
Quitman	LA	71268

**Transaction ID : 19930333**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Rodney Alexander**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 05

Contribution

Full Name (Last, First, Middle Initial)

**B. Candice Miller For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Mailing Address PO Box 182152

City	State	Zip Code
Shelby Township	MI	48318

**Transaction ID : 19930335**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Candice S. Miller**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 10

Contribution

Full Name (Last, First, Middle Initial)

**C. AMERIPAC: The Fund for a Greater America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Mailing Address 700 Thirteenth Street, NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

**Transaction ID : 19930336**Purpose of Disbursement  
2012 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**AMERIPAC: The Fund for a Greater America**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dan Lipinski For Congress**

Mailing Address P.O. Box 520

City	State	Zip Code
Western Springs	IL	60558

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Daniel William Lipinski**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

**Transaction ID : 19930337**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Dirigo PAC**

Mailing Address P.O. Box 1355

City	State	Zip Code
Alexandria	VA	22313

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Dirigo PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

**Transaction ID : 19930338**

Amount of Each Disbursement this Period

2500.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. The Madison PAC**Mailing Address 235 State Street  
#206

City	State	Zip Code
Springfield	MA	01103

Purpose of Disbursement  
2012 Contribution

Candidate Name

**The Madison PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

**Transaction ID : 19930339**

Amount of Each Disbursement this Period

5000.00
---------

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Pryor For U.S. Senate**

Mailing Address PO Box 2720

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Sen. Mark L. Pryor**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

**Transaction ID : 19930340**

Amount of Each Disbursement this Period

1000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Klobuchar For Minnesota**

Mailing Address PO Box 4146

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Amy Klobuchar**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19933963**

Amount of Each Disbursement this Period

4000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Democrats Win Seats PAC**

Mailing Address 1071 Turin Branch Lane

City	State	Zip Code
Weston	FL	33326

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Democrats Win Seats PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19933969**

Amount of Each Disbursement this Period

5000.00
---------

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Lois Capps**

Mailing Address P.O. Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lois Capps**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19933970**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi For Congress**Mailing Address 700 13th Street, NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19933976**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Cleaver For Congress**

Mailing Address 4801 Main Street, Suite 1000

City	State	Zip Code
Kansas City	MO	64112

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Emanuel Cleaver II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

**Transaction ID : 19933980**

Amount of Each Disbursement this Period

1500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Eddie Bernice Johnson For Congress**

Mailing Address 3102 Maple Avenue, Suite 605

City	State	Zip Code
Dallas	TX	75201

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Eddie Bernice Johnson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

**Transaction ID : 19933989**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Rangel For Congress**

Mailing Address PO Box 5577

City	State	Zip Code
New York	NY	10027

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Charles B. Rangel**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

**Transaction ID : 19938752**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Nadler For Congress**

Mailing Address Village Station, PO Box 40

City	State	Zip Code
New York	NY	10014

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jerrold L. Nadler**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

**Transaction ID : 19938754**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. America's Leadership PAC**Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2012 Contribution

Candidate Name

**America's Leadership PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

**Transaction ID : 19938756**

Amount of Each Disbursement this Period

5000.00
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2012 Contribution

Full Name (Last, First, Middle Initial)

**B. PETEPAC: People for Enterprise Trade & Econ Growth**Mailing Address 3686 King Street  
#146

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
2012 Contribution

Candidate Name

**PETEPAC: People for Enterprise Trade & Econ Growth**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

**Transaction ID : 19938761**

Amount of Each Disbursement this Period

5000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Sen. Mitch McConnell**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

**Transaction ID : 19938764**

Amount of Each Disbursement this Period

500.00
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2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Bluegrass Committee**Mailing Address 400 North Capitol St, NW  
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Bluegrass Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

**Transaction ID : 19938765**

Amount of Each Disbursement this Period

3000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. Paul Tonko For Congress**Mailing Address 911 Central Avenue  
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul David Tonko**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

**Transaction ID : 19938766**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**C. Bob Goodlatte For Congress Committee**

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Robert W. Goodlatte**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

**Transaction ID : 19938767**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Gillibrand For Senate**Mailing Address 236 Massachusetts Ave, NE  
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Kirsten E. Gillibrand**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

**Transaction ID : 19938768**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Sen. Mitch McConnell**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

**Transaction ID : 19938770**

Amount of Each Disbursement this Period

1500.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Diana DeGette For Congress**

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Diana DeGette**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

**Transaction ID : 19938772**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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72000.00
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